

LOEB (H.W.)

(REPRINT.)

# THE MEDICAL HERALD.

SAINT JOSEPH, MO.

---

DANIEL MORTON, M. D., Editor.

---

Original Articles, Clinical Reports, Society Proceedings, Correspondence and News invited.

To contributors of Original Articles, a liberal number of copies of the HERALD will be given (or mailed free of expense if addresses are furnished,) and the publishers will furnish reprints at cost, application for same to be made when copy is forwarded.

Illustrations will be furnished FREE for all articles requiring same, if drawings are furnished.

Address all matter intended for publication to the editor.

---

Volume X.  
Number 1.

JANUARY, 1891.

Sample Copies Free.  
\$2.00 a Year, in Advance.

---

ORIGINAL

## How a General Practitioner May Treat Chronic Atrophic Rhinitis.

By HANAU W. LOEB, A. M., M. D., St. Louis, Mo.

*Lecturer on Diseases of the Nose and Throat, Marion-Sims College of Medicine;*

*Attending Surgeon Nose and Throat Department, Grand*

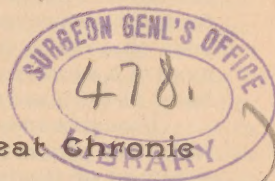
*Avenue Free Dispensary.*

---

Read before the Medical Society of the Missouri Valley, Kansas City, Mo., December 18, 1890.

From the time when the Chinese Emperor, Hoang-ty, four thousand five hundred years ago, first described specific ozoena until the present day, the treatment of chronic atrophic rhinitis has been, more or less, the bug-bear of the general practitioner of medicine. True, the modernizing influence of thorough-going reason has shorn the disease of much of its mystifying elements, still, to many, even in this enlightened day, it remains a book sealed with the superstition of the past, and bound tightly by the cords of enforced destiny.

Notwithstanding the great amount of literature which has resulted from the pains-taking study of this disease, the vast majority of doctors are indifferent, some perhaps ignorant, as to its proper treatment. Some do not believe that an iota of benefit can result from treatment of any kind; others declare that they have no desire to treat it; still others, by temporizing, hold their patients day in and day out, in the vain hope that some kindly providence may relieve doctor or patient. Amid all this array of indifference, disinclination and lack of knowledge or its application, is it strange that the poor sufferer should read with, a shudder, the advertisements which deal out his symptoms.





so exactly, and which alarm him by unnecessary enunciation of dangers which never occur? Is it to be wondered at that his mind becomes filled with visions of consumption—visions which, by reason of their indistinctness, magnify the evils thus portrayed? Is it remarkable that he should swallow with avidity such unwholesome morsels as this: "The microbe of catarrh, in your sleep, crawls down your throat, and, coming in contact with your lungs, produces consumption?" Is it further a matter of wonder that the poor, bewildered mortal, whose fears have now changed his nose into a mountain of woe, ready to boil and to seethe with the fury of evil spirits, should seek his family physician, and, receiving the unsatisfactory advice, which in many cases he will get, is it strange, say I, that he should place his tender organ of facial ornamentation into the hands of a quack? I think not. From a popular standpoint, at any rate, the charlatan who boasts loudly of his cures, and who points out the evils that may result, knows far more than the dilly-dallying doctor. Here lies the trouble, doctors imagine the nose beyond their ken, too far removed for their comprehension; in fact, many do not hesitate to say so. Why, bless you! those same doctors would never admit a lack of knowledge in the treatment of a cervicitis or an endometritis, and yet the organs concerned in these latter diseases are far more difficult to examine than the nose.

Thoughts such as these are calculated to make a specialist ponder, and to seek some plan of benefit. That some good may come from a tacit and clear statement of the treatment of this disease, I am assured; and that the general practitioner will, by the application of a few general rules, be able to benefit almost all of these cases, I am still more assured. I have seen this very thing exemplified in my own students in the Marion-Sims College of Medicine, to whom I have assigned cases for treatment in the clinic, with results highly satisfactory. What students are thus enabled to do, I feel certain that the great body of our upright, conscientious and earnest practitioners of medicine can do far better.

Many means have been devised, and many remedies have been suggested, for the treatment of this very refractory disease, but as its theoretical consideration forms no part of the subject of this paper, they are placed aside. Therefore, the radical treatment of the disease requiring, as it does, an extensive knowledge and technique, will not receive attention. That the disease is ever entirely cured is still a controvertible question. Reports have been made of cures by cauterization with chromic acid, and the galvano-cautery, and by galvanism of the nasal mucous membrane.

*The condition can be ameliorated!* Not only this, but every practitioner who possesses an intelligent conception, may become the high-priest of this benediction.

From the nature of the disease, the vitiated secretion and scab-formation which go with it, one can easily understand that two features of treatment are indicated, viz., cleanliness and stimulation; cleanliness so that there can be no irritation from the presence of scabs, and for the thorough application of medicines and stimulation to counteract the passive inflammation, and to cause the blood more nearly to approximate the normal.

Now, cleanliness does not mean the promiscuous douching or spraying of the nose—by no means. The most persistent care must be taken to remove every scab and particle of abnormal discharge. Granted; but how can this be done by the general practitioner? Easily enough. His *armamentarium nasale* need not be very extensive. A lamp, a student's lamp being preferable, a head mirror, a nose speculum, a small cotton applicator (a knitting



## CHRONIC ATROPHIC RHINITIS: *Loeb.*

needle with one end roughened will answer), constituting an equipment not elegant, but sufficient. The cost, exclusive of the lamp, is little enough, being less than \$4.00. Cotton, absorbent or borated, should be on hand, as well as plenty of the old-time Dobell's solution, or the following modification, which I like better:

R Sodii Bicarbonatis.....  
Sodii Biboratis aa..... $\mathfrak{z}\text{ij}$   
Listerine or Katharmon..... $\mathfrak{z}\text{ss}$   
Aquæ q. s. ad..... $\mathfrak{z}\text{viii}$

M. Sig. Nose wash.

To the list I would perhaps add some sort of atomizer or post-nasal syringe, costing in either case not more than \$1.25. However, one could get along without either of these. The nose should be first sprayed out with the solution whose formula I have just given (better warmed), or by means of the post-nasal syringe the cavities can be washed out from behind. Understand, however, even this does not constitute the cleansing of the nose, for after this has been done, the work really begins. The light being reflected into the nose, held open my means of a speculum (Knight's modification of Duplay's preferred), the probe, to which a pledget of cotton is attached, is made to dislodge and to remove each scab or portion of discharge which is presented to the view. Any one can do this, for any one can see the scabs, and can with ease remove what he sees. This accomplished, the nose is clean, and the first essential part of treatment has been applied,

For the stimulative plan of treatment, various drugs have been recommended, out of which I select menthol, thymol and eucalyptol as having been most efficacious in my hands. I have used menthol more frequently than any of these agents, and have been so well pleased with its action that I should be unwilling to exchange it for any other remedy. The following is the customary formula:

R Menthol .....gr x.  
Liquid Albolene ..... $\mathfrak{z}\text{j}$

M. Sig. Spray for the nose.

The amount of menthol may be increased to gr. xx or even  $\mathfrak{z}\text{i}$  to the ounce. This, or thymol, gr. x to  $\mathfrak{z}\text{i}$  liquid albolene, or eucalyptol gtt. x to  $\mathfrak{z}\text{i}$  liquid albolene, should be well sprayed into the nose, first directing the patient to breathe through his open mouth, thereby shutting off the oro-pharynx and causing the spray to pass out of the other nostril. The first sensation is that of warmth, and no little itching is frequently occasioned; but this is soon succeeded by a feeling of coolness and comfort in the nose which is gratifying to the patient. While the menthol, thymol and eucalyptol have a stimulative effect, the liquid albolene is not void of benefit. It takes the place of vaseline of quondam fame, without having the inconvenient features of the latter. By means of the spray, the oily albolene is thrown over a large portion of the mucous membrane, and by bathing it with an oily film, aids not a little in its improvement. This cleansing out and treatment of the nose should be done every day, if possible, for some little time; later, the intervals may be lengthened. It is useless to attempt any permanent or even transitory improvement, for that matter, by treating the nose twice a week, or less; three times a week is seldom sufficient at the outset.

Nor is this all there is in the treatment. The patient should be directed to clean his nose three or four times daily, by snuffing up Dobell's Solution, or the modification which I have given, and thereafter to use a spray of menthol,

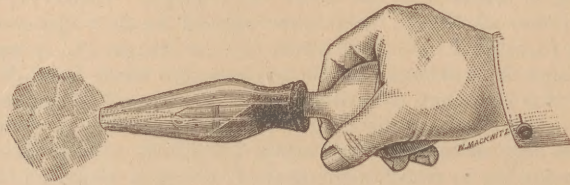


## CHRONIC ATROPHIC RHINITIS: *Loeb.*

---

thymol, or eucalyptol and albolene. A special sort of atomizer must be used, from the fact that all atomizers do not act with oily solutions. Each patient must provide himself with one, and use it three or four times daily. The Codman & Shurtleff, No. 356, or the Brooklyn Throat Hospital Atomizer will answer. The latter is better for the doctor, in that having three nozzles it may be used for the nose, pharynx or larynx.

Of late I have been using a new atomizer, lately designed and manufactured by the A. M. Leslie Surgical Instrument Company of St. Louis, the Acme Vaseline Atomizer; in fact, I now prefer it to any other kind. It has the advantage of simplicity and cleanliness. Though intended as a vaseline atomizer, it can be used to the greatest satisfaction for the spraying of liquid albolene.



I would again urge that, whatever the form of the atomizer, it should be used systematically, thoroughly and regularly. It is surprising how much better the patient will become under this sort of treatment; the excessive scabby discharge ceases, the odor disappears, the hawking diminishes, and the patient's mind turns to other thoughts than an untimely death from the fancied change of catarrh into consumption. Not only this: the relief is so decided and rapid in its occurrence, that the patient becomes a friend and patron whose good word will reflect credit and money to the doctor who is so fortunate as to have applied this mode of treatment.

It is well to state one danger which may occur, not only from this form of treatment, but in any case where douching is used: I refer, of course, to the otitis media, catarrhal or suppurative. Where there is the slightest tendency to this disease one must be guarded, and must avoid the douche, and sometimes the spray. In such cases, the only recourse is to remove the scabs as well as possible by means of a probe and pledget of cotton.

Very naturally there are other plans of treatment which are not to be despised. I desire to make no reflection whatever upon any other method. This I do say, however, the method which I have detailed is one which must commend itself to every one. It is simple in its application, scientific in its procedure, and sufficiently easy in detail as to be within the range of every practitioner of medicine.

I turn now to the title of my paper: "How a General Practitioner May Treat Chronic Atrophic Rhinitis." I feel that I have answered the question in so tangible a manner that its acceptance and adoption by the general practitioner is a matter of choice, and not one of long-considering deliberation. The question narrows itself down to this: Will you treat these simple cases in this simple manner, to the credit of yourselves and to the benefit of yourselves, or will you with less pride, less reason and less professional honor, allow those who have placed their well-being in your hands to go on day by day without any relief, subsequently to fall into the unscrupulous hands of some catarrh nincompoop? I believe you will adopt the former course.